



# 2011 Recreation Indoor Soccer/Futsal

## SANDY PARKS & RECREATION REGISTRATION FORM

440 E. 8680 S. - SANDY, UTAH 84070

P: (801) 568-2900 F: (801) 561-6733

www.sandy.utah.gov/parks

### Office Use Only

Receipt # \_\_\_\_\_

Amt. Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Received By \_\_\_\_\_

Late Fee \_\_\_\_ Family Discount \_\_\_\_

Please be accurate and complete filling out this form.

Player's Name: \_\_\_\_\_ Gender: M F  
(First Name) (Last Name) (Middle Initial) (circle one)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Restrictions: \_\_\_\_\_

School Attending: \_\_\_\_\_ Elementary school area player resides in: \_\_\_\_\_

Player's years of soccer experience: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
(Day) \_\_\_\_\_ (Day) \_\_\_\_\_  
(Evening) \_\_\_\_\_ (Evening) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

PLEASE CHECK  
PREFERRED  
PHONE NUMBER

Player would like to be on same team as: \_\_\_\_\_

(Players wishing to play together must register together, otherwise requests will be considered but NOT guaranteed)

Additional person to contact in case of emergency: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Emergency contact phone #: (H): \_\_\_\_\_ (C): \_\_\_\_\_

### Registration Costs & Dates:

Early Registration:	Nov. 8 - Dec. 8, 2010	\$45.00
Regular Registration:	Dec. 9 - 15, 2010	\$50.00

Late fee is \$5.00 after  
regular registration  
deadline.

#### ♦Payment Information: Make checks payable to Sandy City

- ♦\$3.00 family discount for additional children in same sport.
- ♦Grades may be combined and/or locations moved based on enrollments.
- ♦Standard shirt sizing will be ordered for each grade division.
- ♦\$15.00 is non-refundable. No refunds after 1st Game.

#### Please circle or specify other:

How did you find out about this program:

Sandy Journal - website - school - mailing -  
brochure - email -

other: \_\_\_\_\_

### Pre-School & Kindergarten

- ☐ Mondays - Eastmont Middle School
- ☐ Wednesdays - Eastmont Middle School
- ☐ Thursdays - Eastmont Middle School

### 1st & 2nd Grades

- ☐ Tuesdays - Eastmont Middle School
- ☐ Wednesdays - Eastmont Middle School
- ☐ Thursdays - Eastmont Middle School

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2010/2011 and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach, spectator or player at any time.

- 1) **GOALS.** I understand that the goals and objectives of the Sandy City Indoor Soccer Program are based upon fun, fair play, skill development, good sportsmanship and teamwork and hereby support these goals.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I, as a parent or guardian, am willing to participate as a volunteer in support of this program (please check):

☐ Head Coach

☐ Assistant Coach

☐ Team Parent

Volunteer's Name

Coach's Email Address (if volunteering)

# SANDY CITY 2011 Indoor Soccer / Futsal

## INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of \_\_\_\_\_, agrees to allow my child to participate in the program/activity described below:

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### Program/Activity Description

The Sandy City Indoor Soccer Program runs approximately January 3, 2011 - March 11, 2011 and utilizes Sandy City facilities and Canyons School District facilities. Games/practices are played on week nights. Participation in Indoor Soccer program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may include: (1) minor injuries such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games are the responsibility of the parent or guardian.

I recognize the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

\_\_\_\_ Please initial here

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### Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

\_\_\_\_ Please initial here

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### Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

\_\_\_\_ Please initial here

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I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each box above.

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~ Please fill out the registration form on the reverse side ~